

Though much has already been accomplished, much more needs to be done. We now have more than 40 board-certified physiatrists working in the country. After we successfully concluded the Indonesian program, we started anew by adopting another Asian country—China. We hope that this program, using realistic approaches appropriate to the state of development of the countries concerned, may be replicated in other developing countries of the world.

Rehabilitation in China

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SINCE THE EARLY 1980s, rehabilitation medicine has developed rapidly as a medical specialty in China. Western techniques of medical rehabilitation have had a strong influence on treating physically disabling diseases and injuries in Chinese rehabilitation centers. With the influence of the cultural and social background and the heritage of traditional Chinese medicine, the practice and technique of medical rehabilitation in China bear some unique characteristics.

Priorities of Rehabilitation Programs

Because cerebrovascular accident is common, with an incidence of 280 to 480 per 100,000 persons, stroke rehabilitation is the major program in most medical rehabilitation institutions in China. Rehabilitation for low back pain is almost equally popular. Rehabilitation programs for geriatric diseases are offered in many rehabilitative sanatoria, especially for mild coronary heart disease, emphysema, and degenerative arthritis. In recent years, orthopedic rehabilitation by surgical procedure and functional training for late sequelae of poliomyelitis have been conducted throughout China.

Integrative Approach With Chinese and Western Methods

The traditional Chinese methods are widely used in Chinese rehabilitation institutions, along with the Western methods. Depending on each case, traditional Chinese medicine is used alone or in combination with Western methods.

Traditional Chinese physiotherapeutic methods used in physical rehabilitation include acupuncture/moxibustion, Chinese manipulation and massage, Tai Chi and other traditional therapeutic exercises, and Chi Kung (Qigong), a kind of meditation and relaxation therapy. Traditional Chinese arts and crafts and Chinese calligraphy are used as occupational therapy. Herbal medicine plays an important role in both physical and mental rehabilitation. A wide variety of conditions respond well to traditional Chinese medicine, such as hemiplegia and other forms of paralysis, chronic pain, musculoskeletal disorders and arthritis, soft tissue injuries, and psychosomatic diseases.

Notable progress has been made in recent years in combining the traditional methods with modern technology. The development of physiotherapy on the acupressure point is an example. It integrates Chinese Jing-Luo theory with modern

physical medicine. Common modalities are electropuncture, ultrasound-puncture, microwave-puncture, laser acupuncture, and ultraviolet irradiation on acupressure points. The advantage is a safer and more accurate control of dosage of stimulation with diversified stimulant agents.

Community-based Rehabilitation

In 1986 China started her project in pioneering community-based rehabilitation. This new approach to rehabilitation service soon spread to over six provinces and four major cities. Because the government is taking the initiative, community-based rehabilitation should keep growing both in the number of pilot sites and in the quality of the field work.

Because China is a vast country, with 80% of the population living in rural areas, institution-based rehabilitation cannot meet the needs of disabled persons. Community-based programs are the only solution to the problem of inaccessibility of rehabilitation services. These pilot projects follow the World Health Organization model as described in the manual, "Training Disabled People in the Community." There are, however, distinct features in the Chinese approach:

- Programs are sponsored, organized, and supervised by the government through the sectors of Public Health and of Civil Affairs and Welfare;
- Programs use the personnel network of primary health care in the community, supplemented by volunteer community workers;
- Psychiatric rehabilitation is usually covered in the program;
- Home-based functional training is supplemented by training in a community-based rehabilitation administration;
- Programs use simple and useful methods as well as Chinese traditional methods.

Rehabilitation in Mexico

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AN INDEPENDENT living center for working age adults was established in Mexico in 1989. A retired rehabilitation advocate and administrator from California, Robert Wolfe, discovered three paraplegic men living in San Miguel de Allende, a colonial town in the state of Guanajuato, 160 miles north of Mexico City. Although the town had some excellent services for disabled children, there were none for adults. The three men knew of other physically challenged adults living in the town and others isolated in the nearby ranches. In the late 1970s Wolfe had a hand in securing start-up funding and establishing policies for California's 24 independent living centers. He had observed the Berkeley, California, self-help service delivery system and knew that it worked. These men decided to form a self-help group based on the Berkeley model. The new group in San Miguel was established as a nonprofit corporation and called itself "El Centro de Independencia."

El Centro now has grown to include 30 severely disabled

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